

**COMMERCIAL/PRIVATE BUSINESS DRIVERS STATUS REPORT**  
*AS CHANGES OCCUR, COMPLETE THIS FORM AND FORWARD TO DMV AT THE ADDRESS BELOW.*

NAME (Last, First, Middle)	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	ADD/DELETE (A/D)

Use Agreement Number	Company's Name/Address	Date
Signature of Person Completing Form		Telephone Number

DMV CUSTOMER RECORDS DIVISION  
P.O. BOX 27412  
RICHMOND, VIRGINIA 23269